

*Full Length Research Paper*

# **A model of employee satisfaction amongst health-related professionals in South Africa: The case of Western Cape Province**

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The study's main objective was to come up with a model of employee satisfaction for the health-related professionals in South Africa. Among the reasons for this were high levels of health-related professional attrition and low levels of employee satisfaction within the health-related professions of South Africa. This original study derives its relevance on the basis of lack of a model for measuring employee satisfaction in the health-related profession in South Africa. Also, studies on employee satisfaction in South Africa focus hugely on medical doctors and nurses, without a commensurate interest in health-related professionals such as pharmacists, emergency medical services personnel, optometrists, and laboratory technologists. A descriptive survey design was utilised in this study warranting the use of a questionnaire which combines facets of job satisfaction with organisational climate dimensions. Making use of exploratory factor analysis, the study realised a rotated component matrix, which then helped in grouping together all the items with high correlation to each other. From the grouped items emerged new factors. Each factor was then labelled differently. The new factors are role clarification and job design; equitable performance management; and integrated leadership and knowledge sharing. The others include self-efficacy; family-friendly work environments (FFWE's), leader credibility and innovation and excellent customer relations and technology. These new factors represent a significant component of the model of employee satisfaction amongst the health-related professionals in South Africa.

**Key words:** Model of employee satisfaction, health-related profession, allied health profession, exploratory factor analysis, South Africa.

## **INTRODUCTION**

This is an original study necessitated by (1) high levels of health-related professional attrition; (2) poor reporting of health-related professionals; (3) high levels of acclaimed job insecurity; and (4) low levels of employee satisfaction within the health-related professions of South Africa.

Employee satisfaction was, on the basis of literature and in consonance with the objectives of this study, operationally defined as the satisfaction derived by an employee from; given his or her own preferences, the positive presence of the facets of job satisfaction and dimensions of organisational climate. This study's main objective was to come up with a model of employee satisfaction for the health-related professionals in South Africa.

Several models exist for measuring satisfaction (Kano's

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model, 1996; Price-Mueller Turnover model, 1986; EFQM Excellence model, 1991; Hackman and Oldham, 1975), yet none pays attention to health-related professionals; specifically within the South African practice community. Models represent suggestions and/or solutions designed to ameliorate or check for efficiency of a phenomenon or something that presents challenges. Often models have been touted as answers and or panacea to unresolved situations. Models abound in almost every discipline. Within the engineering sciences, models exist for tackling unpalatable engineering situations, while in the behavioural and management sciences, models have been known to assist in explaining or providing better insight into work place dynamics. In South Africa, no model exists specifically for health-related professionals.

### Who are health-related professionals?

Health-related professionals comprise a diverse group of practitioners who deliver high quality care to patients across a wide range of care pathways and in a variety of settings. Health-related professionals include nurses, optometrists, radiographers, pharmacists, laboratory technologists/technicians, and emergency medical services. These skilled professionals can be found in both the private and public sector, while their roles are diverse. They perform essential diagnostic and therapeutic roles, and work across a wide range of locations within acute, primary and community care. They perform functions, which include assessment, diagnosis, emergency care, treatment and discharge throughout the care pathway—from primary prevention through specialist disease management and rehabilitation. Health-related professionals' help to provide a well-rounded team that diagnose and treat patients.

It is not uncommon to consider nurses as the first point of call in health care. They not only serve the doctors who ultimately see to the medical needs of patients, but they also ensure that patients are examined properly. An effective nurse assists both doctors and the patients that he or she serves. Quoting a number of authors, Fox et al. (1990: 227) refer to nurses as those who provide care for people in the midst of health, pain, loss, fear, disfigurement, death, grieving, challenge, growth, birth, and transition on an intimate front-line basis. Saunders (1954) indicated that nurses do not only do the work of nursing, namely looking after patients, but are also involved in teaching. The good nurse teaches patients about their ailments and gives them at-home instructions.

Radiographers perform a multitude of complex and life dependent functions. Some of these include x-rays, fluoroscopy, computed tomography, magnetic resonance imaging, and ultrasound. Radiographers play an important role in detecting disease and broken bones (Demand Media, Inc., n.d).

Pharmacists, like radiographers, play important roles in health care. They have direct input into the prescribing

process and help doctors, nurses, other health professionals and especially patients, with all aspects of drug therapy. Their other roles include patient education and counselling, liaison with hospitals and the distribution of drugs prescribed by health professionals (Royal Pharmaceutical Society, n.d).

An Optometrist is trained to test people for spectacles and provide comprehensive eye and vision care, including refraction and dispensing, detection and diagnosis and management of eye diseases. (Millidot, 2004; Oxford Medical Concise Dictionary, 2007).

Laboratory technologists/technicians support laboratory operations, by performing maintenance functions and completing non-technical routine laboratory tests and procedures under the direction of professional staff. The roles that they play allow scientists to perform the more complex analytical processes within the laboratory. Some of their typical functions include routine laboratory procedures such as preparation of media and basic preparation of slides and smears, setting-up and operation of laboratory equipment in preparation for specimen examinations, and maintaining simple laboratory records and inventory for supplies and reagents (United Kingdom, 2010).

Emergency medical services include ambulance services and paramedics. Emergency medical services are committed to providing out-of-hospital acute medical care and/or transport to definitive care for patients with illnesses and injuries, which the patient, or the medical practitioner, believes constitutes a serious medical emergency (U.S National Library of Medicine, n.d; American College of Emergency Physicians, 2010). The goal of most emergency medical services is to either provide treatment to those in need of urgent medical care, with the goal of satisfactorily treating the malady, or arranging for timely removal of the patient to the next point of definitive care.

### Study objectives

1. Main:-to develop a model which analyses levels of employee satisfaction among health-related professionals in South Africa
2. Proposed outcome:-to propose a model of employee satisfaction to South African health-related professions

### Inspiration for the study

This study was carried out because of the following factors:

1. No model for measuring employee satisfaction in the health-related profession exists
2. Studies on employee satisfaction in South Africa focus hugely on medical doctors and nurses
3. Low levels of trust and confidence amongst South-African health-related professionals

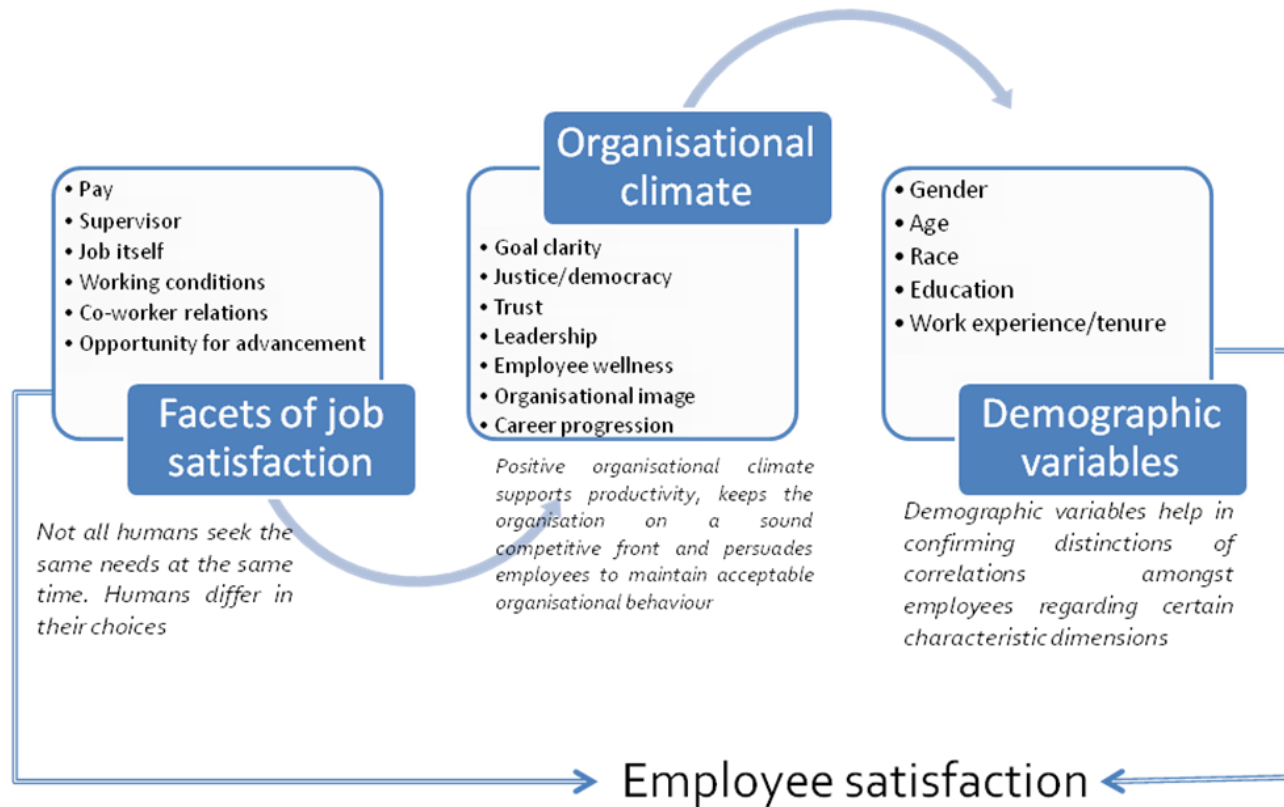


Figure 1. Theoretical framework of employee satisfaction.

4. High levels of job insecurity within health sectors reported in news magazines and academic journals.
5. High levels of health-related professional absenteeism.
6. High levels of health-related professional attrition.
7. Brain drain—difficulty in retaining health-related professionals.
8. Brain *gain* from Cuba, prompting communication challenges between patients and healthcare worker.

#### Research questions

1. Does a relationship exist between acclaimed job satisfaction facets and employee satisfaction within health-related profession?
2. Do demographic properties of a health-related professional play any roles in his alignment and or non-alignment to acclaimed job satisfaction facets?
3. To what extent does organisational climate influence a health-related professional's work behaviour?

#### REVIEW OF LITERATURE

Review of literature for this study was based on the framework shown in Figure 1. It must be noted that because of the dearth of literature on health-related

professionals in South Africa, the researchers also made use of relevant research reports in other sectors.

#### Facets of job satisfaction and employee satisfaction

Research indicates that employee satisfaction derives from facets of job satisfaction. Overall employee satisfaction is a combination of one's feelings towards the different facets of job satisfaction (Locke, 1976. Cited in Weiss, 2002:174).

These facets of job satisfaction include the job itself; supervision; co-workers; income and promotion (Bowling et al., 2008). Job characteristics such as pay, opportunities for promotion, task clarity and relationships with co-workers and supervisors have significant effects on employee satisfaction (Volkwein and Parmley, 2000; Smerik and Peterson, 2007). Numerous other studies have revealed that employee satisfaction is significantly influenced by employee's perceptions of satisfaction in terms of pay, promotional opportunities, and relationships with supervisors, employees' performance management systems and fringe benefits (Ellickson and Logsdon; 2002, Pohlmann; 1999). Van Saane et al. (2003) found eleven work factor domains to be representative of the content of job satisfaction. These domains include autonomy; growth/development; promotion; work content;

supervision; and financial rewards. Others include meaningfulness; supportive colleagues; feedback; work demands and workload. Grobler et al. (2006) add that the desire, capability and the resources to do the job must accompany these elements.

In closing, each individual employee will react to the facets of job satisfaction differently (Nel et al., 2008).

### **Organisational climate and employee satisfaction**

There is a thin line between the concepts of organisational culture and organisational climate. This common ground stems from the use of the concepts by different authors in a manner that suggests that the concepts can be used interchangeably. This has perhaps prompted Castro and Martins (2010: 2) to admit that organisational culture and climate are interwoven and often used interchangeably. According to them, since the concepts of organisational culture and climate gained applause within the field of organisational behavior, many authors have had the challenge of making helpful distinctions between the two concepts. Mearns and Flin (1999: 6) referring to several authors also admit that the concepts of culture and climate have been widely debated within the organisational literature, and researchers have been at pains to make clear distinctions between them. Denison (1996. Cited in Mearns and Flin, 1999:6) had earlier called for an integration of the two concepts, in order to better serve the future study of organisational contexts. Sempane et al. (2002: 24) also commented that organisational culture and climate are interdependent and reciprocal in nature since climate is to a certain extent the manifestation of organisational culture.

Organisational culture is a system of shared meaning held by organisation's members that distinguishes one organisation from other organisations (Robbins et al., 2009: 424). Nel et al. (2008: 17) describe organisational culture as the manner in which things are done in an organisation. They add that it is also the personality of an organisation. Earlier, Reichers and Schneider (1990: 6) had suggested that climate denotes the way '*things are around here*'. Climate could also be described as organisations' members' perception of the organisations offerings (Erwee et al., 2001; Peek, 2003; Mullins, 2007) and could potentially influence behavior in an organisation (Castro and Martins, 2010: 2). Koberg and Chusmir (1987: 397) had said that favourable work outcomes were a function of how well people's needs or personalities were matched by a number of work-environment variables, which included the culture of an organisation.

The aforementioned thus suggest that the concepts are used interchangeably. Both concepts are however constantly challenged by the external environment (Nair, 2006; Castro and Martins, 2010) and therefore

susceptible to change dynamics (Lussier, 2000; Schultz et al., 2003). O'Rourke (2007: 32) adds that many organisations rely on a particular culture for their daily operations and as a result employees must not expect the existing climate to change for them rather they must adapt to the climate.

This study utilised the terms – organisational culture and organisational climate - interchangeably. Castro and Martins (2010) report a very strong positive relationship between organisational climate and employee satisfaction. Their study detected very close proximity between the dimensions of organisational climate perceived as personal to the individual and job satisfaction. However, the dimensions perceived as indirectly affecting the job satisfaction of individuals also contributed significantly to employee satisfaction.

Organisational climate is defined in many ways by several authors and researchers as referring to a set of values, beliefs and behaviour patterns that form the core identity of the organisation (Schultz et al., 2003; Grobler et al., 2006). These then help in shaping the employees' behaviour (Erwee et al., 2001: 7).

Elton Mayo's 1933 work on Western Electric (cited in Castro and Martins, 2010:1) commenced the varied interest in organisational climate. Since then researchers have focused on how employees' perceptions of their global work environment influence not only productivity but also their levels of satisfaction.

Essentially, studies have shown that no matter the dimension of organisational climate that is examined, results have consistently shown that organisational climate has an influence on employee satisfaction (Peek, 2003).

Positive organisational climate supports productivity, keeps the organisation on a sound competitive front and persuades employees to maintain acceptable organisational behaviour.

The different organisational culture dimensions and their interaction with this study's objectives are presented in Table 1.

### **Demographic variables and employee satisfaction**

Many studies (Stamps et al., 1978; Sarker et al., 2003; Kavanaugh et al., 2006; Patterson et al., 2009) have indicated a close association between demographic variables of healthcare professionals and job satisfaction.

This interest in healthcare professional's job satisfaction has arisen due to a number of factors namely the strategic importance of the healthcare professional in disease control initiatives (Marchal and Kegels, 2003: 89), the need to retain healthcare professionals (Kavanaugh et al., 2006: 304); and the need to stem the tide of professional nurses' migration to developed economies (Jacobs and Roodt, 2008: 64). Roos and Van Eeden (2008: 54) capture the significance of a study into

**Table 1.** The different organisational culture dimensions and their interaction with the current study's objectives.

<b>Mullins (2007) organisational culture dimensions</b>	<b>Jacobs and Roodts (2008) organisational culture dimensions</b>	<b>Castro and Martins (2010) organisational climate dimensions</b>	<b>The various organizational culture dimensions and their interaction with the objectives of this study</b>
Integration of goals	Goal clarity; identification with the organization	Trust; Communication	Right attitudes and behaviours from leadership produce trust and better alignment with organizational goals
Democratic functioning of the organization with full opportunities for participation; A sense of identity with, and loyal to, the organization and a feeling of being a valued and important member	Employee participation	Team work	Work groups that serve as support systems create an enabling environment for growth thereby reducing turnover and absenteeism.
Recognition of people's needs and expectations at work, and individual differences and attributes	Task structure	Work environment	A job excites if it has a good degree of autonomy, proper skill utilization, task variety as well as advancement opportunities
Opportunities for personal development and career progression	Performance orientation	Performance management	Organisation members retention possibilities are enhanced by unlimited career development opportunities based on among others, equitable performance management
Managerial behavior and styles of leadership appropriate to the particular work situations	Management style	Leadership	Managers play leading roles in issues that affect employees. They provide opportunity for participation in decision making and also assign tasks on the basis of the degree of maturity of employees
Justice in treatment with equitable Human Resource Management (HRM) and employment relations practices and policies; mutual trust, consideration and support among different levels of the organization	Reward orientation	Remuneration and reward	Poor pay and inequitable remuneration attract feelings of insecurity, less motivation and consequently turnover, absenteeism and poor productivity
Concern for job design and work-life balance	Human resource orientation	Employee wellness	An environment that provides organisation's members with task clarity, opportunity to distress is said to have a conducive work environment.

employee satisfaction beyond the realm of the healthcare professional –

*“Against the background of increasing local and global competitiveness, it is crucial for any organisation, particularly for those in developing*

*countries with limited resources, such as South Africa, to ensure that it consistently develops and retains a loyal, committed and able workforce”.*

Demographic variables include age, gender, family size, family life cycle, income, occupation,

religion, race and education (Cronje et al., 2006: 303). These variables are also used to explain organisation's diversity (Smit et al., 2007: 240). Grobler et al. (2006: 76) divide these variables into two – primary and secondary dimensions.

Primary dimensions include age, gender,

ethnicity, race, physical abilities/qualities and sexual orientation. They are those human differences that are inborn and that exert a major impact on human beings. Secondary dimensions add depth and individuality to our lives and they include education, geographical location, income, marital status, military experience and parental status.

Martin and Roodt (2008: 28) found a significant relationship between demographic variables and organisational commitment. Commitment to the organisation increases as age increases they say. This study enjoys the support of previous works such as James and Jones (1980); Mathieu and Zajac (1990); and Sarker et al. (2003). James and Jones (1980: 127) argue that job satisfaction seems to increase with age, which may suggest a more realistic adjustment to the work situation or less mobility. Mathieu and Zajac (1990) insist that the longer a worker stays with an organisation, the better his promotional opportunities as well as income and if this is the case, then it can be argued that he will be more satisfied with his job. The majority of studies on the relationship between age and job satisfaction have found some association between employee's age and job satisfaction (Sarker et al., 2003: 745, 746). These researchers contend that organisational tenure is a covariate of age, where both have been found to influence an individual's job satisfaction, thus, age and organisational tenure are usually highly correlated with each other. The researchers found that while there was a significant relationship between tenure and facets of satisfaction, the effect of tenure on satisfaction was significantly modified by age. Thus, according to the researchers, tenure and age need to be considered simultaneously for better understanding of their effect on the level of job satisfaction. The only positive and significant correlation (Smerek and Peterson, 2007: 245) found was between length of service and the work itself.

There is a close association between age, race and turnover as well as commitment to an organisation. As one aged, intentions to stay are improved. This is the argument of Sarker et al. (2003) and Okpara (2004). Broadly these researchers claim that older workers place more investment within an organisation, hence their intention to stay longer. In the findings of Sarker et al. (2003: 752, 755) tenure has a positive effect on the job satisfaction level. Their study indicated a rise in satisfaction with fringe benefits for the 11 to 20 years tenure group. Okpara (2004: 335) found that older managers and those with longer organisational tenure in the work place have higher levels of job satisfaction than younger workers and those with shorter organisational tenure.

Several studies (Okpara, 2004, 2006; Okpara et al., 2004) have shown the closeness of job satisfaction to the education dimension of demography. Education and experience combined contributed significantly to satisfaction with pay which to some extent indicated that 62% of the variance in pay satisfaction could be

accounted for by education, and experience among other variables. Well educated employees tend to lower commitment especially if they perceive the organisation as not necessarily supporting them. Other studies (Mathieu and Zajac, 1990; Martin and Roodt, 2008) support this submission. A higher academic qualification resulting in more job opportunities and task diversity tend to promote job satisfaction.

Okpara's (2006) revealed that there were gender differences in promotion. Male managers were overall more satisfied with their company promotion policies than their female counterparts. Govender (2006: 99, 100) found to the contrary that there were no significant differences between married and unmarried healthcare providers at a military establishment in South Africa. However, within emergency medical services, Patterson et al. (2009: 86) reported that approximately six percent of their sample indicated that they would not spend more than a year within the profession. This intention to leave was tightly linked to, among other factors, gender.

In a study of work satisfaction of medical doctors in the South African private health sector, Pillay (2008: 259) reported a close association between gender, age, group practice and overall satisfaction. Pillay noted that certain female doctors reacted positively or otherwise on the basis of years of practice, group interaction and presence of incentives. Having practiced for twenty years or more in groups of more than six doctors and received incentives, female doctors were significantly more satisfied than their colleagues who have fewer years of practice without a commensurate amount of group practice support, Pillay adds.

Govender's (2006) study also disclosed that concerns were raised by healthcare workers who had children. Family size and family responsibility reacted negatively to job satisfaction. While the military provides support for families that are separated by their breadwinners, the fact that individuals will be separated from their children for extended periods of time would have a negative impact on family life and thus lead to greater levels of dissatisfaction. Demographic variables no doubt help in confirming distinctions of correlations amongst employees regarding certain characteristic dimensions.

## RESEARCH DESIGN

Research design refers to a plan or blueprint which specifies how data relating to a given problem should be collected and analysed (Nworgu, 1991). A descriptive survey design was utilised in this study. Nwankwo (1994) argues that the purpose of a descriptive survey method is used to describe all the facts, qualities, characteristics of a given population, event or area of interest systematically and as factually and accurately as possible to answer the questions asked by the problem under investigation.

### Data collection

The instrument which was utilized for data collection was the

**Table 2.** Categories in the data collection instrument.

S/N (categories)	Categories in the data collection instrument
1.	Organisational design
2.	Individual job characteristics
3.	Co-worker relations
4.	Culture/work environment
5.	Senior management
6.	Direct supervisor
7.	Work processes
8.	Communication
9.	Technology
10.	Customer satisfaction
11.	Remuneration

revised closed-ended *Plus Delta Organisational Climate Questionnaire*. This instrument was utilized because it is condensed; and, according to De Cock (2006), combines facets of job satisfaction with organisational climate dimensions. Plus Delta Consulting, author of the *Organisational Climate Questionnaire* confirm the following: *It is an ideal tool to help management to better understand how employees think and feel as contributing members of their organisations. With an accurate picture of their attitudes, management will be able to create an action plan with specific solutions that address any areas of concern or in need of improvement.*

The preliminary literature review, as well as casual interaction with some members of health-related professions revealed six primary components of occupational satisfaction dimensions of clinical and non-clinical health professionals. These dimensions included compensation, nature of work (prestige/status), autonomy, task requirements, growth opportunity, and support team (illuminating the essence of co-worker relationships and cooperative environment). These components relate to both the job content and job context environments. Both these environments have an effect on an organisation's climate (Nel et al., 2008: 17). These components are also almost similar to Van Saane et al.'s (2003: 194, 197) work factors, which they insist meet the quality criteria, as well as content validity that are relevant to employee satisfaction studies. The facets of job satisfaction, as well as the dimensions of organisational climate were considered as germane to the research objectives, which firstly motivated the choice of the *Plus Delta Organisational Climate Questionnaire* and, consequently influenced the consideration to modify the *Plus Delta Organisational Climate Questionnaire*.

The questionnaire comprised two sections, namely: (1) the demographic information questionnaire; and (2) the modified version of the *Plus Delta Organisational Climate questionnaire*. Section 2 had 11 categories, which represented dimensions of organisational climate, as well as job satisfaction facets (See Table 2). Of the 11 categories, 9 had 5 items each, while only two categories had 4 items each. Respondents were asked to rate, by using a five-point Likert scale on how they found each situation (53 in total). The five-point Likert scale ranged from (1) "strongly disagree" to (5) "strongly agree".

The motivation to adapt the *Plus Delta Organisational Climate Questionnaire* did not exclude the instrument from a rigorous validity and reliability test. Every research instrument must be assessed prior to use for both validity and reliability purposes (NNSDO, 2005: 1) in order for the instrument to prudently measure what it set out to measure (Coetzee and Schreuder, 2010: 125), and also to lend some credibility to the findings of a study (Welman

et al., 2005: 145). The reliability of the data collection instrument was tested by using the Cronbach Alpha coefficient. Each of the categories was separately tested, achieving an acceptable score (>0.9). Given this result, the instrument was deemed sufficient for the study. Researchers such as Chen et al. (2006: 490) state that a reliability coefficient, which exceeds 0.8 for any test or scale, was the minimum acceptable reliability coefficient.

### Analysis

The researchers took initial step to explore all the items in the categories and then determined their degree of connectedness or otherwise. This is referred to as exploratory factor analysis, which is performed in order to understand how many factors exist among a set of variables (Zikmund et al., 2010: 593). Following this, a rotated component matrix (A) (Table 10). The rotated component matrix was also important because it helped to identify the most interpretable and meaningful structure of the groups of variables (Leong and Austin, 2006: 251). Kline (1994: 7) adds that in exploratory analysis, the aim is to explore the field, to deliver the main constructs or dimensions ... [essentially to ask] what constructs or dimensions account for correlations [in a study].

From the rotated component matrix (A), it was then necessary to group together all the items with high correlation to each other. From the grouped items emerged new factors. Each factor was then labelled differently. The new factors are role clarification and job design; equitable performance management; and integrated leadership and knowledge sharing. The others include self-efficacy; family-friendly work environments (FFWE's), leader credibility and innovation and excellent customer relations and technology. These new factors represent a significant component of the model of employee satisfaction amongst the health-related professionals in South Africa.

Tables 3 to 9 present the frequency statistics of the participants' demographics.

## DISCUSSION OF THE MODEL OF EMPLOYEE SATISFACTION

Empirical findings from this study indicate that role clarity and job design were critical in explaining reasons for this study's objectives. Previous studies provide eminent support in this regard.

**Table 3.** Gender of respondents.

Parameter	Frequency	Percent	Valid percent	Cumulative percent
Valid Male	62	53.0	53.0	53.0
Valid Female	55	47.0	47.0	100.0
Total	117	100.0	100.0	

**Table 4.** Age of respondent.

Parameter	Frequency	Percent	Valid percent	Cumulative percent
Valid 21-30 years	8	6.8	6.8	6.8
Valid 31-40 years	38	32.5	32.5	39.3
Valid 41-50 years	59	50.4	50.4	89.7
Valid 51-60 years	12	10.3	10.3	100.0
Total	117	100.0	100.0	

**Table 5.** Marital status of respondent.

Parameter	Frequency	Percent	Valid percent	Cumulative percent
Valid Single	16	13.7	13.7	13.7
Valid Married	88	75.2	75.2	88.9
Valid Separated	13	11.1	11.1	100.0
Total	117	100.0	100.0	

**Table 6.** Household annual income.

Parameter	Frequency	Percent	Valid percent	Cumulative percent
Valid Less than R100 000	1	.9	.9	.9
Valid R101 000-R200 000	1	.9	.9	1.7
Valid R201 000-R300 000	90	76.9	76.9	78.6
Valid R301 000-R400 000	23	19.7	19.7	98.3
Valid R401 000-R500 000	2	1.7	1.7	100.0
Total	117	100.0	100.0	

**Table 7.** Ethnic groups of respondents.

Parameter	Frequency	Percent	Valid percent	Cumulative percent
Valid African	28	23.9	23.9	23.9
Valid White	50	42.7	42.7	66.7
Valid Indian	9	7.7	7.7	74.4
Valid Coloured	28	23.9	23.9	98.3
Valid Asian	1	.9	.9	99.1
Valid Others	1	.9	.9	100.0
Total	117	100.0	100.0	



**Table 8.** Educational levels of respondents.

		Frequency	Percent	Valid percent	Cumulative percent
Valid	National Diploma/Bachelor Degree	8	6.8	6.8	6.8
	B.Tech/Honours/Postgraduate Diploma	103	88.0	88.0	94.9
	Master Degree	4	3.4	3.4	98.3
	Doctorate Degree	2	1.7	1.7	100.0
	Total	117	100.0	100.0	

**Table 9.** Tenure.

Parameter	Frequency	Percent	Valid percent	Cumulative percent	
Valid	Less than 5 years	47	40.2	40.2	40.2
	6-10 years	40	34.2	34.2	74.4
	11-15 years	17	14.5	14.5	88.9
	16-20 years	10	8.5	8.5	97.4
	21-25	3	2.6	2.6	100.0
	Total	117	100.0	100.0	

For instance Albion et al. (2008: 279) warn that role clarity was the only organisational climate variable that emerged in their study as a unique contributor to the formation of intentions to leave the health profession.

There is also an urgent call by Rowe et al. (2005) for health care establishments to improve role clarity. A well-designed job improves the psychological meaningfulness of a role and is, according to Bakker and Demerouti (2007) cited in Xu and Thomas (2010: 401), associated with high work standards. Tenure, race and age were the demographic variables that interacted positively with this factor.

It was also the contention of this study that equitable performance management would prevent health-related professionals from looking elsewhere (outside the country or in other sectors) for greener pastures.

Health-related personnel would be comfortable in an environment where both senior management and direct supervisors show appreciation for one's work either through the provision of helpful feedback, or through well-defined structures with policies, procedures and systems that allow employees to achieve personal and organisational goals. This factor had a positive relationship with income, tenure, race and age.

The factor-integrated leadership and knowledge sharing-typifies a work environment where senior management encourages collaboration across all levels; where individuals appreciate the personal contribution of their peers (without any form of negative attitude); and where individuals are consulted to participate in matters that affect them.

The factor-self-efficacy-draws inspiration from the argument that health-related personnel function better if

they have a high sense of worthiness in and /or a belief in their capabilities to manage responsibilities. This will come from health-related personnel who are valued as employees; receiving meaningful remuneration and feeling that management treats them fairly.

Employers of health-related personnel must be able to show care, interest and empathy towards employees. They should also be able to explain what is expected of health-related professionals, as well as provide regular and positive feedback and recognition for work well done. Income, tenure and race were the demographic variables that had a significant relationship with this factor.

There is an abundance of empirical evidence that family responsive workplaces reduce absenteeism, intent to leave the organisation as well as stress and conflict. Family-friendly work environments are characterized by flexible work arrangements and child-care and exercise facilities.

They are essentially a more fluid environment where health-related professionals experience a sense of community. Family-friendly work environment was found to have a positive relationship with income, tenure and race. Leader credibility and innovation extends the thinking of previous researchers who recommended transformational leadership, and provision of quality service by using adequate technology.

This factor gives impetus to the model of employee satisfaction because it recognizes the influence of poor technology on the quality of service delivery.

This factor also argues that the ability of the leader to give helpful feedback also helps to generate some confidence in the employee that he is dealing with a competent superior.



Table 10. cont'd

V37				
V38	When I need help, I can ask others in my work group for suggestions or ideas	0.842	0.367	
V39				
V40	Our face-to-face meetings are productive	0.745	0.416	
V41	My department has adequate tools and technologies to perform our work		0.777	
V42	The technology we use supports our business processes			0.953
V43	The technology we use helps me get my job done.			0.953
V44	The tools and technologies that I use help me to be efficient in my completing my work			0.953
V45	Our technology is reliable and works when we need it to work.		0.777	
V46	We understand the specific needs of our customers.			0.750
V47	We are focused on delivering high quality services.	0.311	0.803	
V48	We deliver our service on time.		0.646	
V49	Our services meet our customer's expectations			0.736
V50	The income I receive is enough to provide for my basic needs		0.867	
V51	The income I receive is adequate for normal expenses			0.734
V52	The income I receive is not less than I deserve		0.686	
V53	The income I receive fits my social standing		0.626	0.393

It, therefore, behoves the superior to act in a manner that lends trust in his competence to lead. To gain the trust of employees, managers must be seen to be knowledgeable in their work, caring of employees and approachable. The consequence of credible leadership is reduced tension and better handling of work roles. This factor showed close association with tenure, race, and marital status. To achieve world class excellence in service and also meet and possibly exceed customers' expectations, health care establishments must understand the specific needs of their customers. To do this, however, requires functional tools and technologies that support health-related employees to complete their work. Health-related establishments are technology-driven and, as a result, must have technology that supports their business processes. The factor - excellent customer relations and effective technology - argues in support of a model of employee satisfaction for health-related professions in South Africa. Race was the only demographic variable found to have a positive relationship with this factor.

Reporting on Kanter's (1994) findings, Lee and Teo (2005: 28) submit that positive organisational behaviour is supported by work environments that provide access to information, resources, and an opportunity to learn and develop. Essentially, Lee and Teo argue that supervisory receptiveness to employee problems is a strong driver of employee satisfaction. The model of employee satisfaction realised by this study is presented in figure 2.

## CONCLUSION AND RECOMMENDATIONS

Several factors plague an organisation's successful

realisation of its aim to exist. These factors reside both within and outside the organisation. Some of the external factors include political culture of the area(s) in which the organisation does business; the economic climate of the area in which it does business, including its social dynamics; and the technology that is required to execute its numerous tasks and activities. Internal factors can include a mismatch between an employee and the job he does, a lack of shared knowledge of what the organisation is about; poor leadership; unequal performance management systems; unclear roles; and a frustrating structure.

This study has interacted with the aforementioned elements, and has built a strong case for the internal factors. This study also indicated, to a reasonable degree, that the antecedents to organisational effectiveness include an acknowledgement of factors such as income, working conditions, collegiate work environment, opportunities for advancement on the job (and career) and a common knowledge of an organisation's reason for existing. It is prudent to mention that these factors interact differently with demographic factors such as tenure, race, marital status and age.

The model of employee satisfaction lends credence to the aforementioned. It is, therefore, necessary to state that comparative competitiveness can be achieved through a healthy and committed workforce that is provided with a collegial environment, supportive leadership, clear and unambiguous roles, as well as an environment that does not add to the pressures of daily existence.

This study has argued that when an environment described earlier is made available, health related employees provide excellent customer service, are happy

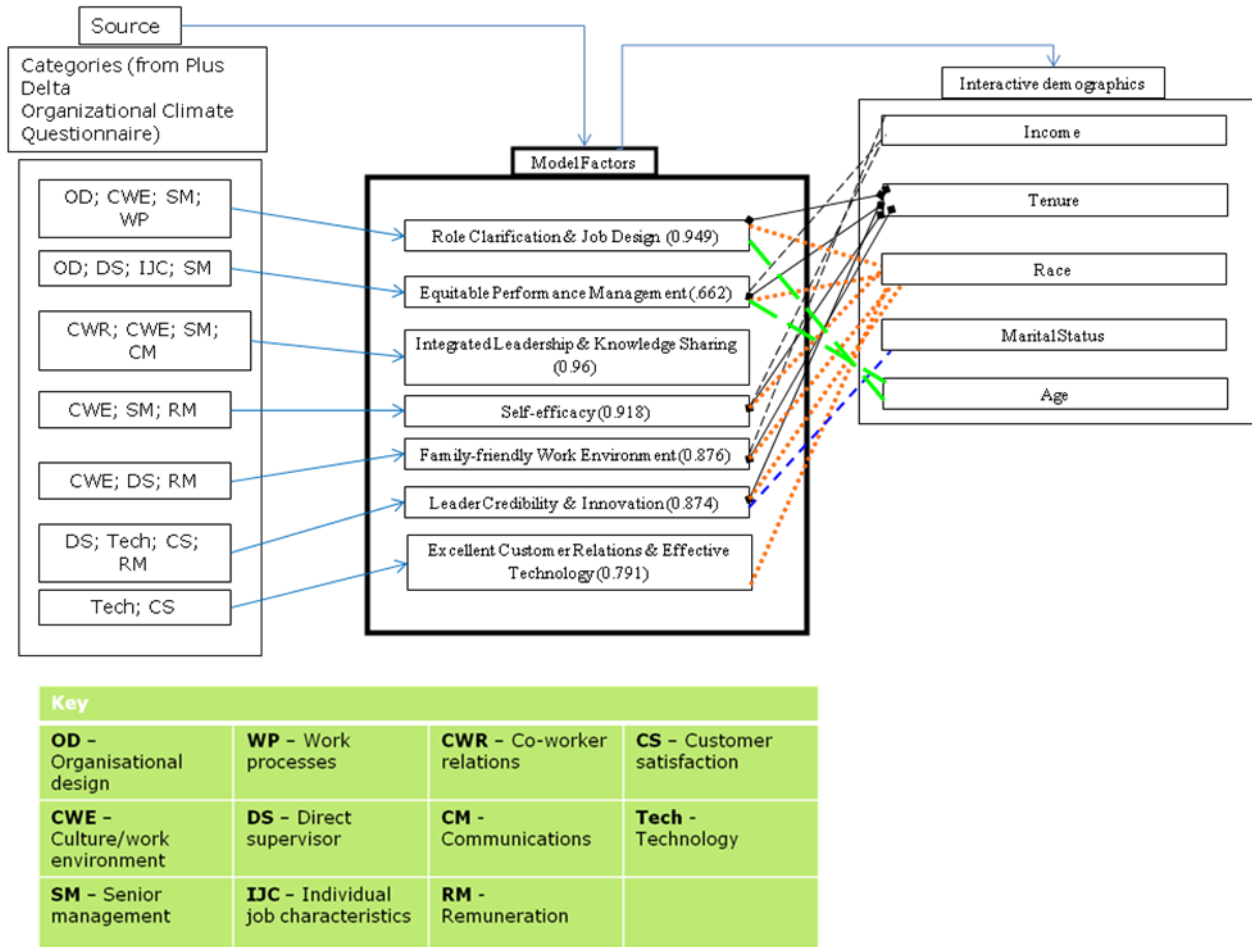


Figure 2. Model of employee satisfaction.

to retain their employment, and commit more to the organisation's growth. Adhering to the model would deliver the right rewards to the health-related professions in South Africa, specifically the Western Province.

This study is the first of its kind on the basis that it makes explicit links between job satisfaction facets and organisational climate dimensions. Given that no study of this nature existed *a priori*, and for purposes of furthering this study, the researchers suggest that (1) the population be enlarged, and (2) a data collection instrument should be distilled from the model.

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